UCSF Medsounds Newsbreak

Weekly News for the UCSF Community VOL. 12, NO. 22 SEPTEMBER 3, 1997

UCSF won't take federal bait to cut resident training

By BRAD FOSS

Under a new voluntary federal program, teaching hospitals across the nation will be offered financial incentives to reduce the number of doctors they train. But UCSF is not expected to take the bait.

Hospitals in some states will receive millions of dollars to trim their residency programs by as much as 25 percent, but Larry Smith, chief financial officer at UCSF, says the academic medical center has no need to curtail resident training programs. "There's just no fat left in the system," he says.

UCSF receives only $50,000 annually in federal Medicare reimbursements for each doctor it trains while teaching hospitals in other states receive twice as much. The disparity is due to the way in which states calculated their cost per resident when the Medicare program began nearly 30 years ago.

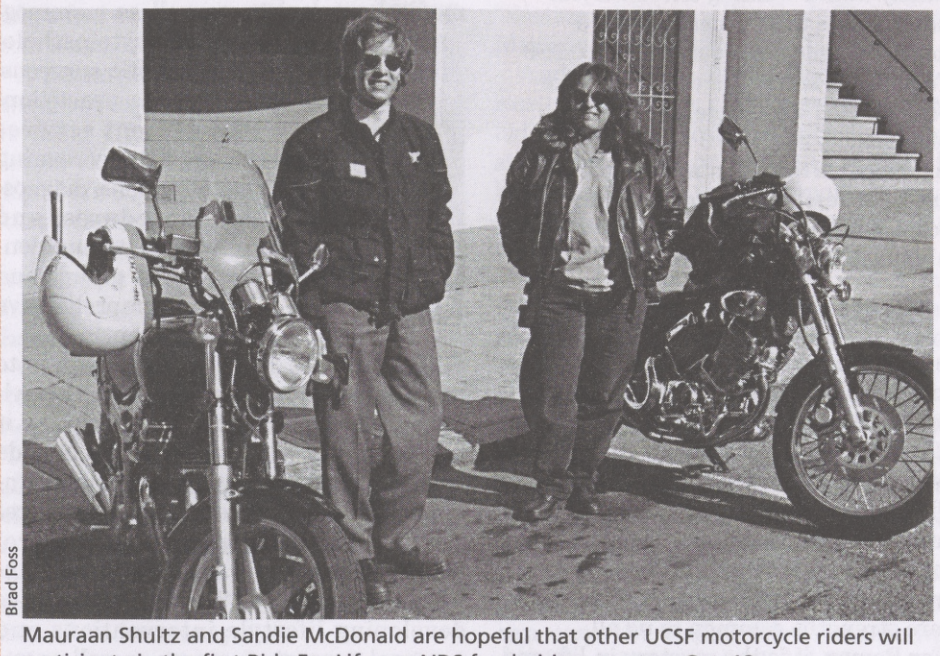
"Our reimbursements have been much closer to the costs we've been incurring," says Smith. "In California, we tended to truly look at salary and benefits for our residents, with a smaller amount calculated for overhead."

There has been little financial incentive to allow residency programs at UCSF to grow beyond demand and, consequently, no reason to shrink them now.

Says Jaclyne Boyden, UCSF's vice dean of administration and finance in the School of Medicine, "Our education program is the right size for the facilities we have and for our educational objectives."

But resident training programs in

(See **Residents** on page 4)



Brad Foss

Mauraan Shultz and Sandie McDonald are hopeful that other UCSF motorcycle riders will participate in the first Ride For Life, an AIDS fundraising event on Oct. 18.

Bikers sought to take ride for life

Two of UCSF's bikers are calling upon their colleagues on campus to join them on the "Ride for Life."

Mauraan Schultz, a purchasing manager in the department of pharmaceutical services, and Sandie McDonald, a senior vocational nurse in pediatric specialties, will be among the volunteer motorcyclists from Los Angeles and San Francisco who will meet half-way to raise money to combat AIDS.

"This is something that could capture a lot of publicity," says Schultz, who is trying to form a UCSF contingent. "But if we don't have the bikes it's not going to come off very well."

Shanti, a local social service agency for people with HIV and AIDS, and the Los Angeles–based AIDS Healthcare Foundation, are hoping to attract 1,000 motorcyclists to support the Saturday, Oct. 18 journey.

Riders will converge about 200 miles from their respective metropolises at Avila Beach near San Luis Obispo for a rally, festival and concert. The California Highway Patrol will provide the escort to ensure a safe event.

Schultz, a member of FemRIDE, which she describes as a small, anti-political and anti-attitude women's motorcycle club, was asked by Shanti to help them recruit riders from motorcycle organizations, bars and retail shops. But because UCSF students, staff and faculty are active in so many other AIDS fundraisers, and a good number of people do commute to UCSF on motorcycles, Schultz says, "I figured it would be a great place to start."

A $25 per rider/passenger registration fee is required and riders are being asked to raise $500 in sponsorship pledges. The ride will begin at 8 a.m. at the China Basin landing. For more information, call 800/557-5357.

Officials, Burton agree on public accountability

As officials at UCSF Stanford Health Care and Senator John Burton reached agreement last week on legislation related to the new organization's public accountability, officials say the merger process cleared a major hurdle.

The final step is when UC Regents are expected to vote on the merger on Friday, Sept. 19 at Laurel Heights.

Satisfying the "public's right to know," as Burton said, the two sides compromised on a bill that will require the merged medical center to conduct open meetings and make many records public. However, collective bargaining or other contract negotiations, sale of property, pending lawsuits and the terms of health care contracts will remain private to preserve the organization's ability to remain competitive in the healthcare marketplace.

"A balance has been achieved that addresses the need for public accountability as well as the new organization's need to effectively compete," says UCSF Stanford Health Care CEO Peter Van Etten. "There are other issues that still must be resolved, but this agreement is a milestone in our progress towards bringing together these great organizations."

UCSF Stanford Health Care will operate as a private non-profit public benefit corporation — the same status as virtually all other large health care institutions such as the Mayo Clinic, community hospitals, and major public service organizations, such as the American Red Cross.

As a tax-exempt organization, UCSF Stanford will report detailed information annually to federal and state taxing authorities, including all revenues and their sources, expenses, compensation paid to the five highest paid employees and contractors providing professional services, assets, fund balances, and net operating losses and gains.

"This protects the public's right to know about what is happening with assets from the University of California that the public paid for with their taxes," said Burton, D-San Francisco, author of the bill.

Psychiatrist says teens benefit from healthy risk-taking

By MARY JEAN PRAMIK

Healthy risk-taking during adolescence can promote a teen's search for identity and can replace dangerous options, says an expert in adolescent development at UCSF.

"Our culture tends to accept that adolescence is naturally a tumultuous time, and thus has blurred the lines between normal, exploratory behavior and behavior that is dangerous," explains Lynn E. Ponton, UCSF professor of psychiatry and a practicing psychiatrist.



Ponton

"Parents sometimes give up on their teenage children, not realizing that adults can actually help to guide and encourage positive risk-taking behaviors in their teens, such as taking up a new sport or an acting class or running for a club office," she says.

In a new book, "The Romance of Risk: Why Teenagers Do the Things They Do," Ponton gives an inside look at the lives of 15 troubled teens and their families, representing various socioeconomic lifestyles.

These 15 adolescents are actual cases, not composites, treated by Ponton in her San Francisco practice. For example, Ponton describes Tom, who refuses to use condoms and who cannot discuss safe sex with his single-parent dad. Hannah is a

(See **Adolescents** on page 4)

Risky behaviors cause most HIV infection among heterosexuals

By REBECCA HIGBEE

In the nation's largest and longest study of heterosexual HIV transmission, UCSF researchers found that the practice of anal sex, lack of condom use, intravenous drug use and the presence of a sexually transmitted disease (STD) are the strongest predictors of infection.

In addition, UCSF researchers found that male-to-female transmission rates continue to remain extremely low, about nine out of every 10,000 unprotected sexual encounters, and even lower for female-to-male infections. Females are about eight times more likely than males to become infected by their HIV-positive partners, says study principal investigator Nancy Padian, UCSF assistant professor of obstetrics, gynecology and reproductive sciences.

"We now know many of the risk factors that affect the likelihood of transmission between infected individuals and their heterosexual partners," she says. "Elimination or modification of these factors would result in reduced transmission of HIV."

Final results of the long-term UCSF study of Northern California heterosexual couples with one HIV-infected partner are published in the August issue of the American Journal of Epidemiology.

From 1985 to 1995, Padian and her research colleagues enrolled 82 HIV-infected women and their male partners and 360 HIV-infected men and their female partners into a study to examine rates of and risk factors for heterosexual transmission of HIV. Study participants were interviewed and given physicals at the start of the study and every six months. The couples were also counseled during each visit about safe sexual practices, and study staff were available at any time by phone.

While no new HIV transmissions occurred during the course of the study, 68 women and two men were infected by their HIV-positive partners prior to the start of the study.

The UCSF study showed that a history of STDs and injection drug use greatly increased HIV transmission risk from the HIV-positive male to his female partner. Of the 77 HIV-positive male injection drug users, 22 percent transmitted the virus to their partners. Of the 163 women who had an STD, 25 percent became infected.

Only two men had become infected by their HIV-positive female partners. In the first infection, both partners reported several instances of post-coital bleeding from the genital area. In the second case, the woman appears to have infected her partner with both HIV and chlamydia within a short period.

"Because there were only two instances of female-to-male transmission, we could not examine risk factors for these events statistically," Padian says. "However, the fact that chlamydia was transmitted simultaneously with HIV is striking."

Researchers observed dramatic behavior changes during the course of the study. At the start of the study, no couple abstained from sex, only 32.2 percent ever used a condom, and 37.9 percent had anal sex. At the final follow-up visit 10 years later, 14.5 percent abstained from sex, 74 percent used condoms, and only 8.1 percent had anal sex.

The fact that no transmission occurred among the 25 percent of couples who did not consistently use condoms shows that there is very low infectivity among heterosexual couples with one HIV-positive partner, according to the UCSF study. Infectivity increases greatly with injection drug use and the presence of an STD, as well as other factors such as risky sexual practices and lack of condom use.

Other similarly conducted studies have reported higher rates of heterosexual transmission, particularly from females to males, Padian says, adding that geographic differences in sexual practices and co-factors for infection (such as intrauterine contraceptive devices) and misclassification of transmission due to other sources (such as needle sharing) may explain the UCSF study's lower transmission rates.

Co-authors of the UCSF study are Stephen C. Shiboski, UCSF assistant professor of epidemiology and obstetrics; Sarah O. Glass, UCSF research specialist; and Eric Vittinghoff, San Francisco Department of Public Health.

Professor pens bestseller that heals

By JEFF MILLER

When Rachel Naomi Remen, UCSF associate clinical professor of family and community medicine and medical director of the Commonweal Cancer Help program, began the writing odyssey that led to the publication of her first book, "Kitchen Table Wisdom: Stories That Heal," last August, she had modest hopes. So, too, it turns out, did her publisher. "They had faith in the book's message but were uncertain how to market it" Remen recalls. National television showed no interest in it at all.


Remen

Uncertainty has now turned to celebration with the arrival of the paperback version on the New York Times non-fiction best seller list this Aug. 31. "No one dreamed this might happen," says Remen, who credits the thousands of people who read her book and then bought it for others in a nationwide word-of-mouth campaign.

Remen's success as an author comes as no surprise to the hundreds of UCSF medical students who have taken her popular elective, The Healer's Art. Indeed, the Class of 1997 invited her to administer the Hippocratic Oath at their graduation ceremonies. Now her book has become a resource text for Introduction to Clinical Medicine courses at schools across the country. But while the medical and academic community may have for years known and treasured Remen's stories about life and healing, she is a new voice to the general public. And as the hundreds of letters the UCSF clinical faculty member has received since the publication of "Kitchen Table Wisdom" attest, the public is listening.

Remen believes that listening to each other's stories can strengthen us and remind us of what is really important. "Sometimes people need a story more than food in order to heal" she says. In fact, many have found her book in their doctor's waiting room, where others were reading it, and have been captivated by its powerful message.

"We all face obstacles. 'Kitchen Table Wisdom' is not about illness, it is about life and the healing and learning which can take place at the most difficult and unexpected times" says Remen, who as both physician and patient herself (she has a 44-year history of Crohn's disease) suffuses her stories with a parable-like quality — and clarity. The people in her book are ordinary people in extraordinary times and the strengths they uncover are strengths common to us all.

For Remen, it is the mystery in life and not the mastery of it that holds the power to heal, a sentiment that startles those physicians who believe that professional effectiveness is equivalent to technological skill and medical expertise. "When others are suffering, being a human being may be a far more powerful thing than being an expert. We influence outcome by who we are as well as by what we know.

"There is a strong tradition of healing in Allopathic Medicine that has nothing to do with drugs or devices" says Remen, who, softspoken as she is, has become an influential member of the committee developing the new UCSF Center in Integrative Medicine. "I think it is important for doctors, students and people in general to remember that there is a difference between curing and healing and that healing can take place at any time, even when a patient dies. Curing is the work of experts, healing is simply human."

The UCSF community will have a chance to hear such inspirational beliefs on Thursday, Sept. 11. See box above.

Remen to talk about healing Sept. 11

UCSF students, staff and faculty are invited to hear national best-selling author Rachel Remen, UCSF associate clinical professor of family and community medicine, and Jan Yanehiro, an Emmy-award winning television journalist, share their experiences at a forum on Thursday, Sept. 11. This UCSF Foundation-sponsored event will take place at the Palace Hotel, 2 New Montgomery St., from 3 to 5 p.m. Audience participation will be encouraged. For reservations, contact Erin Jones at the Office of Development and Alumni Affairs at 502-1898.

Esserman to direct breast care center

By DALE MARTIN

Laura Esserman, UCSF assistant professor of surgery, has been named director of the Breast Care Center at the UCSF Cancer Center.

Designed to meet the complex needs of patients, the Breast Care Center is supported by a team of cancer specialists who work together to focus on the individual. The team includes surgical, radiation, and medical oncologists, as well as mammographers, cyto-pathologists, plastic surgeons, and nurse practitioners. Patient services range from screening examinations, diagnostic procedures, and treatment to emotional support groups and a free, comprehensive resource center.


Esserman

"The job of a university program is to make sure we harness the latest knowledge available worldwide and bring it into a clinical setting. This may include starting a genetic testing program, teaming up with biotech companies on clinical trials, and bringing in our own novel therapies developed at UCSF to the clinic," Esserman says. "But it also includes developing lifestyle interventions and personal support programs as well as nutritional counseling."

The Breast Care Center is an active component of the UCSF Cancer Center, which houses multidisciplinary teams organized around specific types of cancer.

Considered a leader in the fight against breast cancer by her peers and within the cancer community, Esserman, along with colleagues at UCSF and California Pacific Medical Center, obtained a $4.3 million grant from the Department of Defense to create the new Bay Area Breast Care Center to study the effectiveness of a "one-stop" patient-focused breast care center to be housed at the UCSF Cancer Center.

If the grant's hypothesis proves correct — that a single-site integrated program offers advantages to the patient over a decentralized system — the center could serve as a national model for other institutions.

Esserman's appointment was announced jointly by Frank McCormick, director of the UCSF Cancer Center, and Alan Glassberg, associate director for clinical care of the UCSF Cancer Center.

"I am very pleased that Dr. Esserman has accepted the position of director of the Breast Care Center. The Center has been an outstanding example of quality clinical care. I expect, under Esserman's direction, that it will develop even further as the preeminent place in Northern California for coordinated clinical trials," McCormick says.

Glassberg adds, "Dr. Esserman will bring the kind of leadership, energy, creativity and sensitivity to the Breast Center that will make the best in clinical care and science more widely available to the people of Northern California."

In addition to her surgical practice, Esserman has worked as part of a team of physicians and researchers in several areas. She is working to develop a non-toxic tumor vaccine to prevent pre-malignant lesions (called ductal carcinoma in situ or DCIS) from turning into invasive breast cancer.

She also is researching the use of Magnetic Resonance Imaging as a tool to improve the diagnosis and treatment of breast cancer and to facilitate the introduction of new treatments, such as vaccines.

In a 1994 study, she compared mammographic screening in Sweden to the United States and suggested that we could use our resources more effectively and reduce the number of biopsies for benign findings if lessons are learned from the Swedish model.

"We want to find the simplest, easiest and most patient-friendly way to evaluate people who have breast abnormalities and cancer," Esserman says. "We also want to make sure that innovations from the laboratory reach the patients as quickly as possible.

"We want to make sure our practice addresses the needs and provides treatments that reflect our patients' values as well as the best in medical knowledge."

A graduate of Harvard College, Esserman completed her medical training at Stanford in 1983. In 1993, she received an MBA from the School of Business at Stanford where she studied the principles of cost-effectiveness and strategic management.

Esserman is married to an environmental attorney and has a daughter, Marisa, 6, and a two-year-old son, Max.

UCSF gets major grant to study oral aspects of AIDS

The Oral Manifestations of AIDS Project, directed by John Greenspan, professor and chair of the department of stomatology, has been approved for continuation of funding by the National Institute of Dental Research.

This grant, originally funded for a five-year period beginning in 1987, was refunded in 1992 for a second five years, and again this year for an additional three years, allowing for the continuation of research on the pathogenesis of oral lesions associated with HIV infection. Total NIH support for the OAC is more than $11 million.

The center comprises the world's leading clinicians and investigators in the field of oral and dental aspects of AIDS. Most notable among their accomplishments is the discovery of hairy leukoplakia, its association with Epstein-Barr virus (EBV), and its relationship to HIV infection and AIDS. The group was also among the first to describe the periodontal infections associated with HIV and was the first to initiate a systematic study of the oral features of simian AIDS.

The three main components of the project cover the epidemiology of oral manifestations, the molecular pathogenesis of oral candidiasis, and the molecular pathogenesis of EBV infection in hairy leukoplakia.

Deborah Greenspan, clinical professor of oral medicine, directs the clinical core of the project, which conducts clinical trials of agents and modalities directed towards treating oral opportunistic infections, neoplasms, and autoimmune/idiopathic lesions of HIV infection. These therapies include antifungals; antivirals for treatment of hairy leukoplakia, oral herpes zoster and herpes simplex (desciclovir, acyclovir); an antibacterial treatment of HIV-associated periodontal disease and radiation therapy and intralesional chemotherapy for treatment of oral Kaposi's sarcoma. These trials have been conducted in the Oral AIDS Center clinic of the Stomatology Clinical Center in conjunction with medical AIDS clinics, most notably the UCSF Adult Immunodeficiency Clinic and the SFGH AIDS Program.

Joan Hilton, assistant professor, department of epidemiology and biostatistics, is responsible for the epidemiology portion of the project. This project is using a three-pronged approach to study expression of oral lesions by HIV-infected people based on data collected in six cohort studies and one clinic population.

Nina Agabian, professor of pharmaceutical chemistry, is responsible for the candidiasis portion of the project. The long-range objective of this project is to understand the molecular interactions between the fungal pathogen, Candida albicans, and humans infected with HIV. Identification of key molecules contributing to the pathogenic status in healthy and immunocompromised hosts, respectively, will provide a basis for characterizing the dynamic interactions of opportunistic candidal infections in the oral cavity.

Joel Palefsky, associate professor of laboratory medicine at SFGH, is leading an investigation into the molecular pathogenesis of EBV and hairy leukoplakia by characterizing Epstein-Barr virus gene expression in the lesion, examining the role of individual EBV gene products in modulating epithelial differentiation, and studying regulation of EBV gene expression in this lesion for comparison with that of lymphocytes.

Francisco Ramos-Gomez, assistant professor of dentistry, studies the orofacial manifestations commonly associated with pediatric HIV infection and has found that they may serve as markers of HIV infection and as predictors of the progression of the disease.

Private Support

UCSF is pleased to acknowledge the following listing of gifts/pledges of $25,000 or more from individuals, corporations and foundations received Aug. 10 - 16, 1997.

$2,500,000 or more
The Guzik Foundation

$1,000,000 - 2,499,999
The UCSF-Marcollo Unitrust

$100,000 - $499,999
William J. Rutter
Siemens Medical Systems Inc.
The Whitaker Foundation

$25,000 - $99,999
Arthritis Foundation
Baxter Healthcare Corporation
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Deadline for the next issue, to cover September 9–15, 1997, will be on **Wednesday, September 3.** Please send news to Lisa Cisneros at 476-3256 (cisnero@itsa.ucsf.edu). (bfoss@itsa.ucsf.edu), and calendar items to Nancy Heller at 476-8810 (nheller@itsa.ucsf.edu), all at Box 0462. Fax last-minute copy to 476-3541. For address and distribution changes, call C.J. Burleson at 476-6791.

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Child & Elder Care Referral Service gears up for fall

The UCSF Child & Elder Care Referral Service is busy preparing to meet the needs of faculty, staff and students for the new academic year.

UCSF offers child care at both Parnassus and Mission Center campus locations. The Child Development Center, located at 1855 Folsom St., is currently enrolling children ages 2 to 5. Operated by UCSF, this center is open weekdays from 7:30 a.m. to 5:30 p.m. For more information about child care at the Mission Center, call 502-7696.

Registration is beginning for an elder care educational class that will start Wednesday, Oct. 15, from noon to 1 p.m. at S 174. Jane Mahakian, program coordinator of the UCSF Child and Elder Care Referral Service, will instruct this class. She will also talk about choosing a child care provider at the upcoming UCSF Baby Fair on Saturday, Sept. 13.

Those in need of quality infant and child care available in the community, should call Mahakian at 476-2692. UCSF students may call Pauline Lee at 502-7816.



Baby fair to offer advice on family dynamics

By REBECCA HIGBEE

When deciding to raise children, parents-to-be should ask themselves if they are ready for the financial and emotional responsibility, says Jane E. Anderson, UCSF associate clinical professor of pediatrics at the UCSF/Mount Zion Medical Center.

Anderson will talk about the timing of children, birth order and sibling rivalry during a public seminar titled "Creating Your Family: Dynamics of Size and Spacing." The seminar is one of four that will be presented during the UCSF Baby Fair, a free event that will be held at UCSF from 9 a.m. to 3 p.m. on Saturday, Sept. 13.

A pediatrician and educator at UCSF, Anderson says that in addition to looking at their financial situation, couples should examine their relationship to decide if it's strong and healthy enough to start a family.

"If couples are having relationship problems, it would be a mistake to think that having a baby would help resolve those problems," she says.

Couples also should look at how much stress they are experiencing around them, both personally and professionally. "You would not want to have a lot of outside stresses, such as a heavy workload, job change, house purchase, or move to a new city, when you start to plan to have children. Having a baby during these kinds of situations will only cause more stress," Anderson says.

For parents having a second or third child, Anderson says it's far more important for them to make sure they are ready for their family to grow than it is to worry about spacing of their children in terms of sibling rivalry and birth order issues.

While the space interval between children and birth order does contribute to family dynamics and childrens' personality development, every family and child is unique and there is no "right formula" for creating families, Anderson points out.

"In addition, sibling rivalry is a natural component of family life and probably leads to the development of positive character traits, such as taking turns, sharing, and working out differences," she says. "Its negative effects can be minimized by paying attention to children's needs."

Sibling rivalry is universal and ancient. It is more common in same sex siblings, in girls than boys, and in children between two and four years old. The smaller the age difference, the greater the sibling rivalry, according to the book "Siblings Without Rivalry" (Faber and Mazlish, Avon Books, New York, 1987).

Anderson adds that sibling rivalry is less common in a child over eight years old because the child has a better understanding of his or her position in the home, and home is less important as interest in friends, school and social activities increases.

The spacing of siblings will affect their interactions, and there are advantages and disadvantages to any interval. For example, one advantage of waiting until the older child is four or five years of age is that the child has developed more independence, especially in play, and has an increased capacity for responsibility and, consequently, a more solid self-concept.

The authors of "Siblings Without Rivalry" suggest several ways parents can ease the transition for their first child from being an "only" child to becoming an "older" child:

- Parents should allow the older child to visit, touch, and hold the new baby as soon as possible;
- Mom should call home from the hospital to stay in touch with the older child;
- Have the newborn give a gift to the older child;
- Encourage the older child to be a helper, allowing him or her to bring diapers, prepare bath water, find toys and pacifiers, and talk to the baby;
- Accept regressive behavior on the part of the older child, such as tearfulness, sleep problems, toileting accidents, and clingy behavior. Don't criticize these behaviors as "babyish."

Though there is research to show that birth order has an impact on personality, "the family has more influence on a child than any other institution or experience," Anderson says.

"The relationships between parents and children are always changing, especially as new children enter into the family."

Many variables influence a child's role in the family, including spacing, sex of the children, physical difference, birth order of parents, blending of families after death and divorce, and the relationship between the parents.

"Children see parents as the source of everything they need to survive — food, shelter, love, a sense of identity, and a sense of worth," Anderson says. "If parents understand what affects family dynamics, they will better meet those needs."

Other talks during the free UCSF Baby Fair include "Bay and Lesbian Parenting," "Choosing a Childcare Provider," and "Balancing Career and Motherhood." Activities at the fair include maternity fashion shows, yoga and massage, tours of the UCSF Birth Center, clowns, face-painting, raffles, health information booths, and maternity and child retail vendors. For more information, call UCSF Women's Health at 476-0668.

UCSF Baby Fair

UCSF Women's Health, in association with San Francisco/Peninsula Parent, will sponsor a Baby Fair on Saturday, Sept. 13, from 9 a.m. to 3 p.m., in Saunders Court on the Parnassus campus. Call 476-0668 for more information.

Four to take their vocal talents to France

By BRAD FOSS

Rehearsing in San Francisco's Grace Cathedral would have been enough of a thrill.

But later this month, the 45-member Calvary Presbyterian Church Chancel Choir of San Francisco will perform medieval, Renaissance and gospel music as the guests of honor at one of the world's most famous cathedrals — Notre Dame.

"It's a once-in-a-lifetime opportunity," says Pamela Sites, office manager for the surgery faculty practice at UCSF/Mount Zion, and one of four UCSF women making the voyage. The choir, which performed in Germany in 1990, will perform other concerts in Vaison-la-Romaine, Monaco, Uze, Chaitres and at the Pablo Casals Music Festival in Prades.

After singing dance music at weddings and bar mitzvahs for 15 years, Sites, who studied music at SF State University, joined the choir earlier this year to get back into classical music. "It has been a blessing to join this choir," she says.

The choir's repertoire traces the development of the Judeo-Christian tradition, from the Psalms of the Old Testament to the birth, life and resurrection of Christ, to the Reformation, and up to the present.

In August, the choir rehearsed at various San Francisco cathedrals to expose singers to the acoustics in cathedrals, where high ceilings make it difficult for choir members to hear one another.

"When there's so much space, it just swallows up the sound," explains Karen Schumacher, assistant adjunct professor of nursing. Indeed, choir members must pay close attention to the hands of choir director Alden Gilchrist, who will keep them together rhythmically.

"You sense the beat by seeing it, not hearing it," explains Shumacher. "And in that sense it's really important to have the music memorized."

With some two hours worth of material to learn, members practice whenever they can, whether it's at home singing along with the choir's 1996 CD, titled "The Word," or at small, informal gatherings. Some members of the UCSF contingent have been getting together after work to rehearse at Millberry Union, making use of the University's baby grand piano.



Chris T. Anderson

Carol Porter, center, and Karen Schumacher, right, rehearse for their upcoming tour.

But musical preparation hasn't been the choir's only concern as they gear up for two weeks in another country. As part of their groundwork, they've been studying French culture, whether it is the history of the Roman conquest, cathedral architecture, or how to order food in a restaurant. Choir director Gilchrist, who spent three years studying music in France and who performed a solo organ concert at Chaitres in 1957, prepares significant lessons about France, but choir members, too, have learned from one another.

Carol Porter, associate director of nutrition services at UCSF, recently gave a talk to fellow choir members about the differences between American and French diets. Experts believe the French may be staving off cancer and heart disease better than Americans, says Porter, through a greater consumption of fruits, vegetables and wine, which contain antioxidants. However, the French diet is beginning to mimic the worst of American cuisine, as processed and packaged foods find their way onto tables in Europe.

"Hopefully, they'll maintain their great food at least until we get there," she says.

Carol Fox, assistant vice chancellor for Public Affairs, will also sing with the choir in France.

Sept. 3–8, 1997

3 Wednesday

NEWSBREAK/MEDSOUNDS DEADLINE FOR NEXT ISSUE

T'AI CHI CH'UAN — YANG STYLE. This introductory class will increase strength, flexibility and balance, while helping you achieve an inner state of attentiveness and relaxation, 11 a.m-noon, MU Fitness Center. Call 476-1115.

BROWN BAG LECTURE: Kimeron Hardin, director of the UCSF/Mount Zion Pain Management Center, presents *Controlling Your Pain.* Learn how to cope with and control chronic pain by practicing self-management techniques and communicating more effectively with your practitioner, 12:10 p.m., Toland Hall. Call 476-4394.

BREAST CANCER FORUM: Debu Tripathy, clinical instructor of medicine at Mount Zion, presents Refinements of the Patient Navigator Process, a monthly gathering of health care providers, researchers, patients, patient advocates, friends and families, 6-8 p.m., 2356 Sutter St., 3rd floor conference room.

4 Thursday

MOBILE MAMMOGRAPHY VAN: The UCSF van offers convenient breast cancer screening, 9 a.m.-3 p.m. The exam costs $65 and takes about 20 minutes. Written or verbal approval from a doctor is required. Call 476-2193 for an appointment and locations.

TAY-SACHS SCREENING FOR PREGNANT COUPLES: 9 a.m., UCSF Medical Center. Call 476-4080 for an appointment.

5 Friday

HEALING POWER SEMINAR: Joseph B. Mitchell, member of the American Association of Human Psychology and author of *Why People Get Well, Why People Get Sick* presents *The Healing Power of Feelings and Emotions,* 12-1 p.m., HSW 300. Call 584-4416.

STUDENT HOUSING GROUNDBREAKING: Campus Housing will hold a ground breaking ceremony for the $18.5 million demolition and redevelopment of the Aldea San Miguel student housing complex from 1:30 to 2:30 p.m. at Adolph Sutro Court. Additional shuttle service will be available at Langley Porter Psychiatric Institute between 1 and 3 p.m. for the event.

6 Saturday

LOW VISION FORUM: Frances Neer, retired professor of education, presents an open discussion of common eye disorders, 11 a.m.-1 p.m., ACC, 400 Parnassus Ave. Call 626-5313.

8 Monday

T'AI CHI CH'UAN — YANG STYLE. See Sept. 3 listing.

BETTER VISION NOW: David Hwang, associate professor of ophthalmology, presents new surgery options for the correction of nearsightedness and astigmatism — from laser surgery to corneal implants, 6 p.m., Beckman Vision Center, 8 Kirkham Ave. Free. Call 476-4394.

UPCOMING EVENTS

Surgery Center celebration

The entire campus is invited to celebrate the UCSF Surgery Center as it celebrates its 10th anniversary starting at 4:30 p.m. on Friday, Sept. 12 at an open house.

Since 1987, more than 35,000 patients of all ages have been cared for in the unit which is located on the plaza level of the ACC. Virtually all surgical services use the facility. In addition, many non-surgical procedures such as eye examinations, the center's activities include bone marrow biopsy and in vitro fertilization. More recently, patients can have more involved surgery and anesthesia in the Surgery Center and recover overnight in Long Hospital.

Swing for a cure

Until There's A Cure Foundation has teamed up with Coopers and Lybrand to sponsor a golf tournament to benefit UCSF's AIDS Program at SFGH. On Friday, Sept. 12, the Presidio Golf Course and Golf Club will host a tournament that includes lunch at 11 a.m., tee-off at 1 p.m. and a reception, silent auction and awards ceremony from 5:30 to 8:30 p.m. The fee is $225 per golfer or $800 per foursome. Reception only tickets can be purchased for $25. For more information, or to order tickets, call 696-6360.

Lost and found auction

The UCSF Police Department will hold an auction of lost and found items on Friday, Sept. 12, at the Mission Center Building, 1855 Folsom St., room 126. Items may be viewed from 9:30 to 10:30 a.m. The auction will be held 11 a.m. to 1:30 p.m. Cash sales only, and all sales are final. Individuals may claim lost goods if they can prove ownership, however, they can only do so during the one-hour viewing session.

Passport fashion show

Macy's Passport '97 "Fusion" presented by American Express, is slated for Thursday and Friday, Sept. 18 and 19. The annual fashion extravaganza raises funds for AIDS research and patient services, including those at SFGH. Earvin "Magic" Johnson is event co-chair.

For tickets, call Macy's Union Square Box Office or Admissions Network USA at 1-800-678-5440. For more information, call the hotline at 1-800-678-5440 or visit the website at www.passport97.macys.com.



Lisa Cisneros

"Magic" Johnson spoke at last year's Passport fashion show to benefit AIDS organizations.

Blood platelet drive

The UCSF Blood Donor Center is sponsoring a blood platelet drive during the week of Sept. 21 to 27. Prescreen donations may be made on a walk-in basis during the week from 8 a.m. to 7:45 p.m. and on the weekend from 9 a.m. to 4:30 p.m. at 505 Parnassus, L 131. Platelets, which help stop bleeding, are important for patients with cancer and leukemia, who depend on donations in order to survive. Appointments are needed for platelet donations. Call 476-6989.

Cole Hall cinema resumes screenings this fall

Coinciding with the new school year is the return of Cole Hall cinema every Thursday and Friday throughout October. This fall's lineup, sponsored by Millberry Arts & Performances, includes "Female Perversions," "Chasing Amy," "Men in Black," and "My Best Friend's Wedding." There will be a special showing of "Psycho" on Thursday, Oct. 30 for the 1960 movie price of 25 cents. Admission to all other films ranges from $2 to $3.50 and tickets can be purchased at the door only. For more information, call 476-2542 or visit www.ArtsPerf.ucsf.edu.

Preventing harassment

The Office of Sexual Harassment Prevention and Resolution offers a presentation on same-gender sexual harassment on Wednesday, Oct. 8 from 12 to 1 :30 p.m. in HSW 301.

The presenters, Trisha Brinkman and Barry Chersky, co-authors of "Changing Boundaries: Recognizing, Preventing and Resolving Sexual Harassment," serve as expert witnesses on sexual harassment court cases nationwide. Call 476-9604.

SFGH Foundation dinner fundraiser

Sam's Grill and Seafood Restaurant will be the location for an upcoming fundraising dinner for The San Francisco General Hospital Foundation on Thursday, Oct. 23 beginning at 5:30 p.m. Kevin Starr, California's state librarian, will speak. Contributions of $75 per person are required. The restaurant is located at 37 Bush St. For more information, call 206-4478.

Residents (from page 1)

teaching hospitals in some states have grown out of control, according to several physicians' organizations, presumably because of highly coveted reimbursements from the federal government, which total $7 billion each year.

The American Medical Association and the American Association of Medical Colleges — supporters of the new program — have said that too many doctors are being trained in the US and that not enough of them are practicing in inner cities and rural areas. Fewer doctors should result in lower costs to the health care system, according to some health experts, who point to an inherent paradox in the fundamental principle of supply and demand when it is applied to health care.

The shift toward managed care has resulted in a greater emphasis on prevention, which requires more generalists, and which favors nurse practitioners and physician assistants to provide certain services once performed by physicians.

Indeed, the UC Commission on the Future of Medical Education reported in April a significant surplus of specialists in California. The commission is studying the state's health care workforce to adjust the number and mix of health care professionals educated in the UC system.

The aim of the new federal program is to promote more cost-effective health care by offering academic medical centers financial assistance during this transition period.

In states such as New York, Massachusetts, and Pennsylvania, where hospitals receive roughly $100,000 annually through Medicare for each resident, residents became a valuable commodity and their numbers grew. For instance, in New York, where 15 percent of the nation's doctors are trained, annual subsidies amount to more than $1 billion.

"Until now Medicare has been giving hospitals an incentive to hire more residents. We need to change that," said Bruce C. Vladeck, an administrator with Health Care Financing Administration, the federal agency that oversees Medicare and Medicaid. The aim of the new program, Vladeck said, is "helping teaching hospitals to adapt their residency programs to meet the needs of the evolving health care system."

In February, the HCFA agreed to pay a consortium of New York hospitals $400 million over the next six years to reduce the number of doctors they train by 20 to 25 percent. But after the AAMC bemoaned the fact that other states were being left out of what they perceived was a good deal, the government expanded the program to include all states.

Adolescents (from page 1)

youngster from an affluent family who is starving herself at age 11, and Maura mutilates herself because she cannot express her anger at her overbearing, self-absorbed surgeon father.

In her book, Ponton describes how she felt as a physician working with these teenagers, attempting to help them understand themselves first, then to help their parents to understand the teen's behavior.

Ponton says she wrote this book for parents, adolescents, and readers of all ages who would benefit from understanding adolescents. She gives practical, concrete examples of healthy risks that adolescents can take — and parents can promote — to contribute to the positive development of their identity. One "growth" technique centers on family members joining together in a mutually satisfying goal, such as doing volunteer or service work in the community.

The process of learning to talk to one another about risk-taking remains paramount in building a positive relationship between parents and teens, Ponton emphasizes. She believes that teens have been maligned and misunderstood by the prevailing stereotype in American culture of the rebellious teenager striking out at parental authority.

"Compounding this myth are other ideas, including that behaviors that lead to self-injury are normal, that the 'generation gap' between parents and teens prevents understanding, and that adolescents are fearsome creatures who don't want to be guided," says Ponton.

She refutes the traditional idea that teenage behaviors are primarily angry power struggles with parents, and redefines it as a potentially positive testing process.

"When we assume that all adolescent risk-taking is bad, we fail to recognize both the very real dangers some risks pose, and the tremendous benefits that others can yield," she says. "Much of adolescent risk-taking is healthy and helps teens grow by trying new things, testing themselves and their abilities."

According to Ponton, normal testing and risk-taking can go awry when an adolescent becomes locked into patterns with largely negative consequences or clusters of repetitive behaviors that lead to psychological problems.

She emphasizes that some negative risk-taking incorporates danger, including self-mutilation and body-piercing, alcohol and substance abuse, disordered eating, scapegoating, and unprotected sex. The book includes examples of families who have worked together to bring about shifts in adolescent patterns of risk-taking, from negative to positive.

Ponton underscores the importance of adults talking to teens in a straightforward manner and not shying away from difficult topics. "Perhaps the most crucial way in which parents can begin to understand — rather than fear — adolescent risk-taking is to communicate with their children about it."

"The Romance of Risk" is published by Basic Books/Harper Collins Publishers.